

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAmerican Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAG)

ADDRESS (number and street)

5550 W. Executive Drive Suite 400

☐Check if different
than previously
reported. (ACC)

Tampa

FL

33609

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00331017

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 0

0 1

2 0 0 7

through

1 2

3 1

2 0 0 7

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr. Stephen A. Montes, D.O.

Signature of Treasurer

Electronically Filed by Dr. Stephen A. Montes, D.O.

Date

0 2

1 2

2 0 0 8

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 0 | 1 | 2 | 0 | 0 | 7 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 2 | 3 | 1 | 2 | 0 | 0 | 7 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2007 | | 46499.07 |
| (b) Cash on Hand at Beginning of Reporting Period | 21616.49 | |
| (c) Total Receipts (from Line 19) | 9830.00 | 27818.43 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 31446.49 | 74317.50 |
| 7. Total Disbursements (from Line 31) | 2962.26 | 45834.02 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 28484.23 | 28483.48 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | .00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | .00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

M M D D Y Y W Y
1 0 0 1 2 0 0 7

To:

M M D D Y Y W Y
1 2 3 1 2 0 0 7

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 7750.00 | 21950.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 2080.00 | 5830.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➡ | 9830.00 | 27780.00 |
| (b) Political Party Committees | .00 | .00 |
| (c) Other Political Committees (such as PACs) | .00 | .00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡ | 9830.00 | 27780.00 |
| 12. Transfers From Affiliated/Other Party Committees | .00 | .00 |
| 13. All Loans Received | .00 | .00 |
| 14. Loan Repayments Received | .00 | .00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | .00 | 38.43 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | .00 | .00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | .00 | .00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | .00 | .00 |
| (b) Levin Funds (from Schedule H5) | .00 | .00 |
| (c) Total Transfer (add 18(a) and 18(b)). | .00 | .00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 9830.00 | 27818.43 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 9830.00 | 27818.43 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | .00 | .00 |
| (ii) Non-Federal Share..... | .00 | .00 |
| (b) Other Federal Operating Expenditures..... | 2962.26 | 14634.02 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡ | 2962.26 | 14634.02 |
| 22. Transfers to Affiliated/Other Party Committees..... | .00 | .00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | .00 | 10000.00 |
| 24. Independent Expenditure (use Schedule E) | .00 | .00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | .00 | .00 |
| 26. Loan Repayments Made..... | .00 | .00 |
| 27. Loans Made..... | .00 | .00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | .00 | 200.00 |
| (b) Political Party Committees | .00 | .00 |
| (c) Other Political Committees (such as PACs) | .00 | .00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | .00 | 200.00 |
| 29. Other Disbursements..... | .00 | 21000.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | .00 | .00 |
| (ii) "Levin" Share | .00 | .00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | .00 | .00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | .00 | .00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 2962.26 | 45834.02 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2962.26 | 45834.02 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 9830.00 | 27780.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | .00 | 200.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9830.00 | 27580.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 2962.26 | 14634.02 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | .00 | 38.43 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2962.26 | 14595.59 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Harsha Dhanani

Mailing Address PO Box 2006

City

Secaucus

State

NJ

Zip Code

07096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergimed

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11Ai-CN2100

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Daniel Garza

Mailing Address 13501 Stowe Rd

City

Conroe

State

TX

Zip Code

77306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Regional Medical
Ctr.

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: SA11Ai-CN2084

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joe Jacobs

Mailing Address 11303 County Rd 630

City

Quitman

State

MS

Zip Code

39355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11Ai-CN2096

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Neal Jacobson

Mailing Address 43207 Brown Rd

City

Baker City

State

OR

Zip Code

97814

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Health Serv-
ices

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11Ai-CN2093

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph Kernizan, M.D.

Mailing Address 3 East Dogwood Court

City

Westampton

State

NJ

Zip Code

08060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankford Hospital

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: SA11Ai-CN2088

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Manfred Kreuzpaintner

Mailing Address S73 W14236 Woods Rd

City

Muskego

State

WI

Zip Code

53150

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Josephs Hospital

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: SA11Ai-CN2109

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

Peter Lawrence

Mailing Address 44 1st Ave

City

Ossining

State

NY

Zip Code

10562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peter Lawrence MD PC

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11Ai-CN2092

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Pamela Meyer

Mailing Address PO Box 1082

City

Allentown

State

PA

Zip Code

18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11Ai-CN2103

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Phillip Newstadt

Mailing Address 604 Northern Shores Ln

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Annie Penn Hospital

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11Ai-CN2102

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 / 14

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)**A.**

Full Name (Last, First, Middle Initial)

Dr. Fernando J. Perez, M.D.

Mailing Address 1 Heatherstone Lane

City

Savannah

State

GA

Zip Code

31411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Savannah Medical ServicesOccupation
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11Ai-CN2140

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ken Solis, M.D.

Mailing Address 4700 W. Grange Ave.

City

Milwaukee

State

WI

Zip Code

53220

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11Ai-CN2091

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

William Stechsulte

Mailing Address 13926 Greentree Trl

City

West Palm Beach

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Palm Medical CenterOccupation
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11Ai-CN2107

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)**A.**

Full Name (Last, First, Middle Initial)

Dr. Kipp A. Young, M.D.

Mailing Address 1300 Meadowlark Lane

City

Zillah

State

WA

Zip Code

98953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Topelisl HospitalOccupation
Physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 9 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11Ai-CN2108

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

7750.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Credit Card Processing

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX485

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

5.95

Credit Card Processing

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Nov. Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX488

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

5.95

Nov. Credit Card Processing Fee

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX507

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

5.95

Credit Card Processing Fee

SUBTOTAL of Disbursements This Page (optional)

17.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Bank of America | Transaction ID: SB21b-EX506 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 25118 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| City Tampa State FL Zip Code 33622 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Bank Service Charge Candidate Name | <table border="1"> <tr> <td colspan="10">22.35</td> </tr> </table> | 22.35 | | | | | | | | | | | | | | | | | | | |
| 22.35 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Bank Service Charge | | | | | | | | | | | | | | | | | | | | |
| Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Bank of America | Transaction ID: SB21b-EX504 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 25118 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 1 | 7 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 1 | 7 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| City Tampa State FL Zip Code 33622 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Bank Service Charge Candidate Name | <table border="1"> <tr> <td colspan="10">27.80</td> </tr> </table> | 27.80 | | | | | | | | | | | | | | | | | | | |
| 27.80 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Bank Service Charge | | | | | | | | | | | | | | | | | | | | |
| Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Global Payments | Transaction ID: SB21b-EX484 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 10705 Red Run Blvd | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 2 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 0 | 2 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| City Owings Mills State MD Zip Code 21117 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Processing Fee Candidate Name | <table border="1"> <tr> <td colspan="10">47.00</td> </tr> </table> | 47.00 | | | | | | | | | | | | | | | | | | | |
| 47.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Credit Card Processing Fee | | | | | | | | | | | | | | | | | | | | |
| Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

97.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Global Payments | Transaction ID: SB21b-EX489 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 10705 Red Run Blvd | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| City Owings Mills State MD Zip Code 21117 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Creti Card Processing Fee Candidate Name | <table border="1"> <tr> <td colspan="10">70.37</td> </tr> </table> | 70.37 | | | | | | | | | | | | | | | | | | | |
| 70.37 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| Creti Card Processing Fee | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Global Payments | Transaction ID: SB21b-EX508 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 10705 Red Run Blvd | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 4 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 4 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| City Owings Mills State MD Zip Code 21117 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Processing Candidate Name | <table border="1"> <tr> <td colspan="10">49.89</td> </tr> </table> | 49.89 | | | | | | | | | | | | | | | | | | | |
| 49.89 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| Credit Card Processing | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) American Association Of Physician Specialists Inc | Transaction ID: SB21b-EX490 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 5505 Executive Dr. | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 1 | 7 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 1 | 7 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| City Tampa State FL Zip Code 33609 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement D&O Insurance Candidate Name | <table border="1"> <tr> <td colspan="10">2727.00</td> </tr> </table> | 2727.00 | | | | | | | | | | | | | | | | | | | |
| 2727.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| D&O Insurance | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"> <tr> <td>2847.26</td> </tr> </table> | 2847.26 | | | | | | | | | | | | | | | | | | | |
| 2847.26 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL This Period (last page this line number only) | <table border="1"> <tr> <td>2962.26</td> </tr> </table> | 2962.26 | | | | | | | | | | | | | | | | | | | |
| 2962.26 | | | | | | | | | | | | | | | | | | | | | |

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 / 14

FOR LINE NUMBER:
(check only one)

| | |
|-------------------------------------|----|
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 American Association Of Physician Specialists Inc

Nature of Debt (Purpose):
 Invoice: D&O Insurance Ad-
 ministrative/Sa

Mailing Address 5505 Executive Dr.

| | | |
|-------|-------|----------|
| City | State | ZIP Code |
| Tampa | FL | 33609 |

Outstanding Balance Beginning This Period

2727.00

Transaction ID: SD10-INV354

Amount Incurred This Period

.00

Payment This Period

2727.00

Outstanding Balance at Close of This Period

.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

.00